

POSITION	INITIALS	ID NO.	DATE
	<i>MA</i>		<i>11-20-01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>59</i>	<i>1231</i>
FORMALITY REVIEW	<i>TH</i>	<i>1118</i>	<i>12-06-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2/6/01</i>
2	<i>2/6/01</i>
3	<i>2/6/01</i>
4	<i>2/6/01</i>
5	<i>2/6/01</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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